

Thursday, October 25, 2007

House Meets At...	Votes Predicted At...
10:00 a.m. For Legislative Business	Last Vote: 1:00-2:00 p.m.
Five "One-minutes" Per Side	

Any anticipated Member absences for votes this week should be reported to the Office of the Majority Whip at 226-3210.

Floor Schedule and Procedure

- **H. Res. 774–Rule providing for consideration of H.R. 3963 – Children's Health Insurance Program Reauthorization Act of 2007 (Rep. Slaughter-Rules):** The Closed rule provides one hour of debate equally divided and controlled by the chairman and ranking minority member of the Committee on Energy and Commerce and the chairman and ranking minority member of the Committee on Ways and Means. The rule provides one motion to recommit with or without instructions. Debate on the rule will be managed by Rules Committee Chair Rep. Slaughter and consideration will proceed as follows:
 - One hour of debate on the rule.
 - Possible vote on a Democratic motion to move the previous question. **Democrats are urged to vote yes on the motion.**
 - Vote on adoption of the rule. **Democrats are urged to vote yes on adoption of the rule.**
- **H.R. 3963 – Children's Health Insurance Program Reauthorization Act of 2007(Energy and Commerce/Ways and Means):** Pursuant to the rule, debate on the bill will be managed by Energy and Commerce Committee Chair Rep. John Dingell, or his designee and Ways and Means Committee Chair Rep. Charles Rangel, or his designee, each for thirty minutes, and will proceed as follows:
 - One hour of debate on the bill..
 - Possible debate and vote on a Republican motion to recommit the bill.
 - Vote on final passage of the bill. **Democrats are urged to vote yes on final passage.**

Bill Summary and Key Issues

H.R. 3963 BIPARTISAN CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT OF 2007 (CHIPRA)

Investing \$35 Billion in New Funding for CHIP. The bipartisan agreement reauthorizes the Children's Health Insurance Program, investing an additional \$35 billion over five years to strengthen CHIP's financing, increase health insurance coverage for low-income children, and improve the quality of health care children receive. This legislation is fully offset over the 5 and 10 year budget window.

Lowering the rate of uninsured low-income children. The bipartisan agreement will provide health coverage to millions of low-income children who are currently uninsured. The bill also ensures that the 6.6 million children who currently participate in CHIP continue to receive health coverage. Pending final Congressional Budget Office estimates, the reduction in the number of uninsured children will approach four million children.

Ensuring Focus on Lowest-Income Children. The bipartisan agreement ensures that low income children are made a priority by only providing bonus payments to States who enroll the lowest-income uninsured children, those covered under Medicaid. It also prohibits States from receiving federal CHIP funding for children in families with incomes above \$51,510 (300% of poverty).

Improving Access to Benefits for Children (Dental Coverage/Mental Health Parity/EPSTD). Under the agreement, quality dental coverage will be provided to all children enrolled in CHIP. The agreement also ensures states will offer mental health services on par with medical and surgical benefits covered under CHIP, and protects medically necessary benefits (EPSTD) for low-income children.

Prioritizing children's coverage. The agreement makes several modifications as it relates to populations eligible for CHIP.

- Pregnant Women: The agreement provides coverage to pregnant women as a new state option as well as preserving the options to cover them through a state waiver or through regulation.
- Parents: The agreement prohibits any new waivers to cover parents in the CHIP program. States that currently operate an existing waiver to cover low-income parents under CHIP will be allowed to transition parents into a separate block grant. The federal match for services to parents covered through CHIP will be reduced.
- Childless Adults: The agreement retains the current law prohibition of waivers to allow coverage of childless adults. No adults may be covered under the CHIP program after one year.

Addresses crowd-out, ensures States meet targets for enrollment of low-income children. The Congress agrees with the President on the importance of covering low-income children have health coverage while taking steps to address crowd-out and prioritize coverage of lower income children. All States will be required to implement best-practices crowd-out policies in CHIP. In addition, the bipartisan agreement replaces the flawed CMS August 17th letter to states with a more thoughtful and appropriate approach. In place of the CMS letter, the agreement gives states time and assistance in developing and implementing best practices to address crowd out.

Improving Access to Private Coverage Options. The bipartisan agreement expands on current premium assistance options for states. The agreement allows states to offer a premium assistance subsidy for qualified, cost-effective employer-sponsored coverage to children eligible for CHIP and who have access to such coverage. It also changes the federal rules governing employer-sponsored insurance to make it easier for states and employers to offer premium assistance programs. States may now be able to count premium assistance program as one of the required policies they may implement to qualify for bonus payments.

Improving Outreach Tools to Simplify and Streamline Enrollment of Eligible Citizen Children. The bipartisan agreement provides \$100 million in grants for new outreach activities to states, local governments, schools, community-based organizations, safety-net providers and others. Ensures States can effectively confirm citizenship of all Medicaid and CHIP applicants through a data matching system with the Commissioner of Social Security.

Improving the Quality of Health Care for Low-Income Children. The agreement establishes a new quality child health initiative to develop and implement quality measures and improve state reporting of quality data.

Ensures Only Citizen Children Receive Health Coverage. The bipartisan agreement ensures that citizenship is documented for individuals in both Medicaid and CHIP. It also includes language stating that nothing in CHIPRA allows for coverage of illegal individuals and ensures States and HHS can enforce these requirements.

SUMMARY OF CHANGES TO BIPARTISAN COMPROMISE ON THE CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT OF 2007

Provides incentives to find and enroll uninsured children ensuring CHIP remains focused on the lowest-income children.

- Permits States to only receive Federal funding for children covered in CHIP with family incomes up to \$51,510 (300% of the Federal poverty level for a family of 3).
- Permits States to receive performance bonus payments only for finding and enrolling the lowest income uninsured children.

Further minimizes the substitution of employer-sponsored coverage with CHIP coverage.

- Requires all States to submit plans and implement recommended best practices for helping kids already covered stay in employer-sponsored coverage.
- Encourages States to use CHIP dollars to subsidize employer-sponsored health insurance for children as an option.

Targets CHIP for Children.

- Phases out coverage of childless adults after one year.

Clarifies and Strengthens CHIP as a Program for U.S. Citizens.

- Clarifies the role of the Social Security Administration in verifying citizenship for purposes of Medicaid and CHIP eligibility. SSA will verify name, social security number, and place of birth of enrollees and applicants. This will assist States in identifying potential non-citizens and permit States to follow-up.
- Clarifies that States will NOT receive Federal funding for payments made to non-citizens.

Revised bill maintains and protects coverage of 10 million children for \$35 billion over 5 years.

- Protects the coverage of the 6.6 million children currently insured through CHIP.
- Ensures 3.9 million of the lowest-income uninsured children gain coverage.
- An additional 100,000 of the lowest-income children would be covered under this proposal compared to H.R. 976.
- Extends the effective date of the moratorium on school-based care for the disabled and rehabilitation services from May 24, 2008 to January 1, 2010, on regulations that would deny access to these services.

Quote of the Day

The test of the morality of a society is what it does for its children.
-Dietrich Bonhoeffer

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